

**2016 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 737293

**Entity Name:** OPTIMIST CLUB OF GULF BREEZE, FLORIDA, INC.

**Current Principal Place of Business:**

1110 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32561

**Current Mailing Address:**

P. O. BOX 687  
GULF BREEZE, FL 32562

**FEI Number: 23-7008079**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

STANFORD, WILLIAM RANDOLPH  
1200 WILLOWOOD LANE  
GULF BREEZE, FL 32563 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** WILLIAM STANFORD

02/10/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MEISTER, MARK  
Address 3005 ROSA DEL VISTA  
City-State-Zip: GULF BREEZE FL 32563

Title PRESIDENT  
Name LENNON, JOE  
Address 56 HIGHPOINT DR  
City-State-Zip: GULF BREEZE FL 32561

Title TREASURER  
Name HENRIQUES, DOUG  
Address 1337 AUTUMN BREEZE CIRCLE  
City-State-Zip: GULF BREEZE FL 32563

Title SECRETARY  
Name GINN, LEO  
Address 1607 GUAM LANE  
City-State-Zip: GULF BREEZE FL 32563

Title DIRECTOR  
Name MILLS, DOUGLAS  
Address 3999 BAY POINT DR.  
City-State-Zip: GULF BREEZE FL 32563

Title DIRECTOR  
Name STANFORD, WILLIAM  
Address 1374 WHISPER BAY BLVD  
City-State-Zip: GULF BREEZE FL 32563

Title DIRECTOR  
Name RHODES, VERNE  
Address 3731 TIGER POINT BLVD  
City-State-Zip: GULF BREEZE FL 32563

Title DIRECTOR  
Name ANDREWS, DEBORAH  
Address 414 SHORELINE DR  
City-State-Zip: GULF BREEZE FL 32561

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM STANFORD

**DIRECTOR**

02/10/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            NEWELL, LISA  
Address        1374 WHISPER BAY BLVD  
City-State-Zip: GULF BREEZE FL 32563

Title            DIRECTOR  
Name            SKELTON, DANNY  
Address        2936 DUKE DR  
City-State-Zip: GULF BREEZE FL 32563